

# IHLFS Evaluation Report

The International Health Links Funding Scheme (IHLFS) was a three year programme supporting Health Links between health institutions in developing countries and the UK.

## Introduction

The International Health Links Funding Scheme (IHLFS) is a three-year programme funded by the UK Department for International Development (DFID). It supports Health Links between health institutions in developing countries and the UK. The purpose of a Link is to strengthen health systems and improve health service delivery in both countries facilitating a reciprocal transfer of skills and knowledge.

As the programme approached its conclusion, THET commissioned Capacity Development International to conduct an evaluation, including workshops for developing country partners in Uganda, Zambia and Malawi, where the majority of IHLFS projects have been taking place. This evaluation was not a formal assessment of the projects' impact; rather it served to identify the challenges, successes and potential barriers that Health Links face.

The full report is available [here](#). This page presents the main practical lessons learned by the developing country partners. These lessons are not complete guides but outstanding reflections based on practical experience. They complement the principles and guidelines in the [Health Links Manual](#).

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## Relevance

Relevance relates to whether developing country partners perceived their project to be aligned with their institutional priorities and with national priorities.

**Best practice: Potential for health systems strengthening**

- Important that Link partners view their projects from a broader health systems perspective such that they can identify which of the WHO building blocks need to be addressed to ensure continued effectiveness
- Link partnerships should seek to develop their capacity to adapt evidence based interventions from the UK to work in specific resource constrained settings
- Projects should consider at what level within the health sector they are seeking to strengthen capacity (individual, institutional, inter-institutional or system wide).
- Projects need to plan how project results and success stories can be effectively communicated from the outset.

## Alignment with National & Institutional Plans

### **Best Practice: Alignment with national and institutional plans**

In a survey developing country partners were asked to prioritise what they saw as best practice in health links; three of the top four priorities related to ownership, alignment and engagement with national and institutional priorities.

- Ensure equal ownership develops between UK and overseas partner in all aspects of the project (85%)
- Ensure projects fit with your institutional long term vision and takes account of partner institutional structures and context (67%)
- Engage with key stakeholders (MoH, local government, clients) from the start and throughout the project (52%)

Additional best practices identified included:

- Projects should be demand driven with a thematic focus that links to both institutional and national priorities.
- When undertaking capacity-building for new service provision ensure it fits within National Health Plans otherwise services may not be sustainable or may divert resources from other priority areas.

## Best Practice in Capacity Development

The focus of IHLFS support is capacity development to strengthen overall health systems performance. The ethos of capacity development is a move away from the traditional project approach to one where developing country partners own, design, direct, implement and sustain the process themselves in partnership with and facilitated by their technical assistance partners.

### **Best Practice: Capacity Development**

- Partners should understand when it is appropriate to use gap filling or resource transfer.
- Gap filling and resource transfer should only be used alongside a longer term institutional capacity development strategy.

## Human Resources & Professional Expertise

Human resources and professional expertise are the most important contribution to health links.

### **Enablers of best practice**

- **Clear roles and responsibilities**
- **Skills and knowledge from UK**
- **Involve the whole team**

### **Barriers to best practice**

- **Limited time to dedicate to project activities**
- **Lack of administrative personnel**
- **Staff transfers/turnover**
- **Burn out of key personnel**
- **Working long hours**
- **Absence of key personnel**
- **Prioritisation of projects that pay incentives**
- **Unfilled posts/no workforce plan**

### **Best Practice: Human Resources and Expertise**

- Be realistic about what can be achieved within the human resource constraints of both the UK and the DC partners.
- Have more than one person involved in the organisation of the link in both partner organisations.
- Ensure that links and projects are fully documented to facilitate smooth transition when key personnel leave.
- Delegation and clarity of task division will assist in the efficient management of projects.
- When identifying training needs also consider the management and administrative capacity that may need to be developed.

## **Financial Inputs & Processes**

Funds and financial management are another important contribution to health links.

### **Enablers of best practice**

- **Funding from different sources**
- **Availability of funds from the outset**
- **Detailed planning**
- **Transparency between partners**

### **Barriers to best practice**

- **Insufficient funding**
- **Inflexible budget rules**
- **No allowances for mobilisation**
- **No activity based budgeting**
- **Delays in availability of funds**
- **Rising prices and/or exchange rates**

### **Best Practice: Finance & Financial Processes**

- Be aware of the power dynamic in terms of who controls the money.
- Health links should have a funding strategy which identifies multiple potential funding sources.
- Project budgets should be developed by both partners on the basis of full activity costing.
- Partners should take time to ensure mutual understanding of funding rules.
- There should be transparency between partners on expected funding receipts and contributions.
- All items of expenditure should be planned and discussed together openly.
- Allow DC partners to manage project funding.
- Project funding for Developing Country Partners is best paid in advance rather than arrears.
- To protect against exchange rate fluctuation project monies are best held in GBP and paid when required.
- Having dedicated bank accounts for projects in both countries with at least two signatories facilitates financial oversight and control.
- Ensure that there is regular and transparent communication of financial expenditure.

## **Partnership, Planning and Management**

Workshop participants concurred that trust, equal partnership, ownership, a common interest, inclusiveness and openness were crucial to effective links.

### **Enablers of best practice**

- **Trust**
- **Passion and enthusiasm**
- **Common interest and shared vision**
- **Ownership**
- **Equal, inclusive and open partnership**
- **Understanding of motivations**
- **Regular communication**
- **Flexibility to respond to change**
- **Detailed activity planning**
- **Written agreements**

### **Barriers to best practice**

- **Lack of understanding of role**
- **Mismatch of expectations**
- **Weak programme management**
- **Weak planning**
- **Variable internet access**

## **Best Practice: Partnership, Planning and Management**

- The link should not be seen as something outside the core work of the department/organisation.
- UK partners need time to really understand the context and develop trust.
- Develop and communicate a shared vision.
- Appreciate cultural differences in planning and discover ways to work together.
- Planning is most effective when both partners do it together rather than trying to do it remotely.
- Final decisions should be taken by the developing country partner based on local priorities.
- Ensure that there are regular reviews of progress and be flexible when circumstances change.
- Find ways of efficiently sharing resources within and between institutions.
- Utilise low cost methods of communication between partners.
- Steering committees are a good way of managing links and involving stakeholders.
- Involve key stakeholders including senior management from the start.
- Access available best practice resources.

## **Capacity Development Approaches & Activities**

### **Enablers of best practice**

- **Local ownership & support from senior management**
- **Joint development of curriculum and learning materials**
- **Flexibility in scheduling of training and of travel plans**
- **Receiving certification**
- **Creating a pool of local master trainers**
- **Working as a team between partners**
- **Availability/procurement of equipment and materials for training**
- **Appropriate expertise & qualifications of volunteers**
- **Practical hands-on training**
- **Exchange visits**
- **Follow-up after training**
- **Understanding of country and institutional context**
- **Ongoing mentoring**

### **Barriers to best practice**

- **Lack of local involvement in curriculum development**
- **Scheduling of training**
- **Professional jealousy in the selection of staff for training and deployment of staff post training**
- **Obtaining specialist equipment for training**
- **High attrition after training**
- **Short duration of training & specialists in country**
- **Inconsistent availability of UK volunteers**
- **Poor follow-up after training**
- **Range of participants skills and background**
- **Crammed training due to limited time**
- **Compromising quality to train larger numbers**
- **Lack of planning for training roll out**

### **Best Practice: Capacity development approaches and activities**

- Important to be aware of existing capacities and build on it
- The provision of expertise should be demand driven from the developing country partner
- Understand the underlying capacity you are seeking to build (individual, institutional, health sector) and whether you are seeking to develop the institution or provide gap filling or resource transfer
- NHS partners need to be cognisant of whether planned capacity building activities are short term gap filling activities or are strengthening both individual and institutional capacity.
- Curricula and training methods should be developed jointly to ensure relevance to local contexts and needs
- Training should include both classroom and practical elements and have follow up to assess application of skills and knowledge
- Involve senior managers in capacity building and planning
- Identify motivated and passionate people to drive capacity building activities
- Selection criteria must include building a sustainable pool of trainers
- Plan where funding will come from and who will be responsible for cascade training post-ToT
- Maximise time of UK visitors when in-country to include a variety of capacity building activities
- Developing country partners should be fully involved in conducting the needs assessment and jointly agree where capacity and assets gaps exist
- Seek opportunities to provide mentoring for 'professionally isolated' developing country staff

# Monitoring and Evaluation of project outputs and outcomes

## Enablers of best practice

- Log frame
- Simple M&E tools for data collection
- Having a designated person for M&E
- UK volunteers to audit the process
- Capacity of leaders to do M&E
- Mutual understanding of need to evaluate project
- IT – use of dropbox, skype, email to share and communicate data
- Collection/creation of baseline data

## Barriers to best practice

- No designated person for M&E/lack of administrative support
- Lack of skills in M&E and IT
- Poor internet access
- Lack of M&E tools for start-up projects
- Lack of clarity in communication of targets, goals and outcomes
- UK partner understanding of local context, in order to design appropriate M&E plans
- Lack of understanding of how THET use M&E data

## Best Practice

- Ensure that a baseline survey/measurement is done so that changes achieved can be demonstrated.
- Ensure there is a plan and adequate resourcing for data collection, analysis, use and dissemination.
- Ensure mutual understanding of project targets so that appropriate support can be provided.
- Train the project team in M&E within the local context.
- Develop an appropriate M&E plan jointly with UK partner in-country.
- Integrate M&E into routine way of working so it is not considered to be an additional burden.
- Have a designated person for M&E.
- Use existing data wherever possible rather than collecting additional data.
- Ensure project activities are accurately documented and results shared with relevant stakeholders.
- Joint support visits for M&E to ensure mutual benefit from data such that its analysis is relevant and useful to both partners.
- Use data to engage local stakeholders to support project initiatives and build sustainability.

- A culture of “data for use” rather than “data for reporting” needs to be encouraged, such that projects understand the value of M&E and use M&E results to both strengthen project implementation and institutional capacity.

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